



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E273220**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02420
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION									
DATE OF COLLISION	09 - 27 - 2013	TIME (2400)	1625	COUNTY #	31	MILES		CITY #	0664
ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input checked="" type="checkbox"/>		NON-INTERSECTION <input type="checkbox"/>					

STATE ROUTE 9	BLOCK NO.		MILE POST	
DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)
		FEET		SOPER HILL ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 5096701311
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LAST NAME	BARKER	FIRST NAME	SUSAN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	2424 PLATEAU DR
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CITY	EAST WENATCHEE	ST	WA	ZIP	98802
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BARKESE411LA	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	06	01	1959
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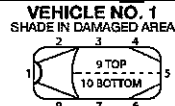
ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	STVNIK	STATE	WA	VIN#	JTMDK4DV8AD011315
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	TOYT	MODEL	RAV4	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. TMCC PO BOX 105386 ATLANTA GA 30348											

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 920933058 11/27
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input checked="" type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4252607360
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LAST NAME	BJORN	FIRST NAME	CAILY	MIDDLE INITIAL	S
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STREET NEW ADDRESS	2702 84TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	F	D.O.B.	MMDDYYYY	03	28	1992
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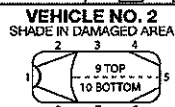
ON DUTY	<input type="checkbox"/>	STATUS	1	AIRBAG		RESTR		EJECT	3	HELMET USE	2	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
REGISTERED OWNER INFO.											

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E273220**

CASE # **13-02420**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>KAUB BRAUNWYN N</b>																
ADDRESS & PHONE #		<b>LAKE STEVENS WA 98258 4253770300</b>						SEX	<b>F</b>	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BARKER JAMES R</b>																
ADDRESS & PHONE #		<b>2424 PLATEAU DR EAST WENATCHEE WA 98802 5098846425</b>						SEX	<b>U</b>	D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #1 made a right turn from Soper Hill Road onto State Route 9 and struck a female on a bicycle at the end of the cross walk. The female had crossed State Route 9 heading west intending to continue on Soper Hill Road. Unit #1 states she did not see the bicyclist at the cross walk and the light was green. Unit #1 struck the right side of the bicycle and the female was knocked off declining aid. She had almost made it to the cement barrier before getting struck.

Witness 2 states he was behind Unit #1 and it turned right after the light turned green. A girl on a bike was about 3/4 of the way across when she was hit by the SUV. The cross walk light was flashing a red hand not to cross.

Witness 1 states she was at the stoplight on State route 9 which was red, waiting to make a left turn onto Soper Hill Road. The girl bicyclist was crossing the street on a bike and was almost to the 1st curb when she was hit by Unit #1 making a right turn. The signals are sense timed and the female was hit hard, flipped off the bike. This is a signal that does not allow vehicles to turn right on a red light.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**BOB SUMMERS**

**09-28-13 10:31 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**BOB SUMMERS 079**

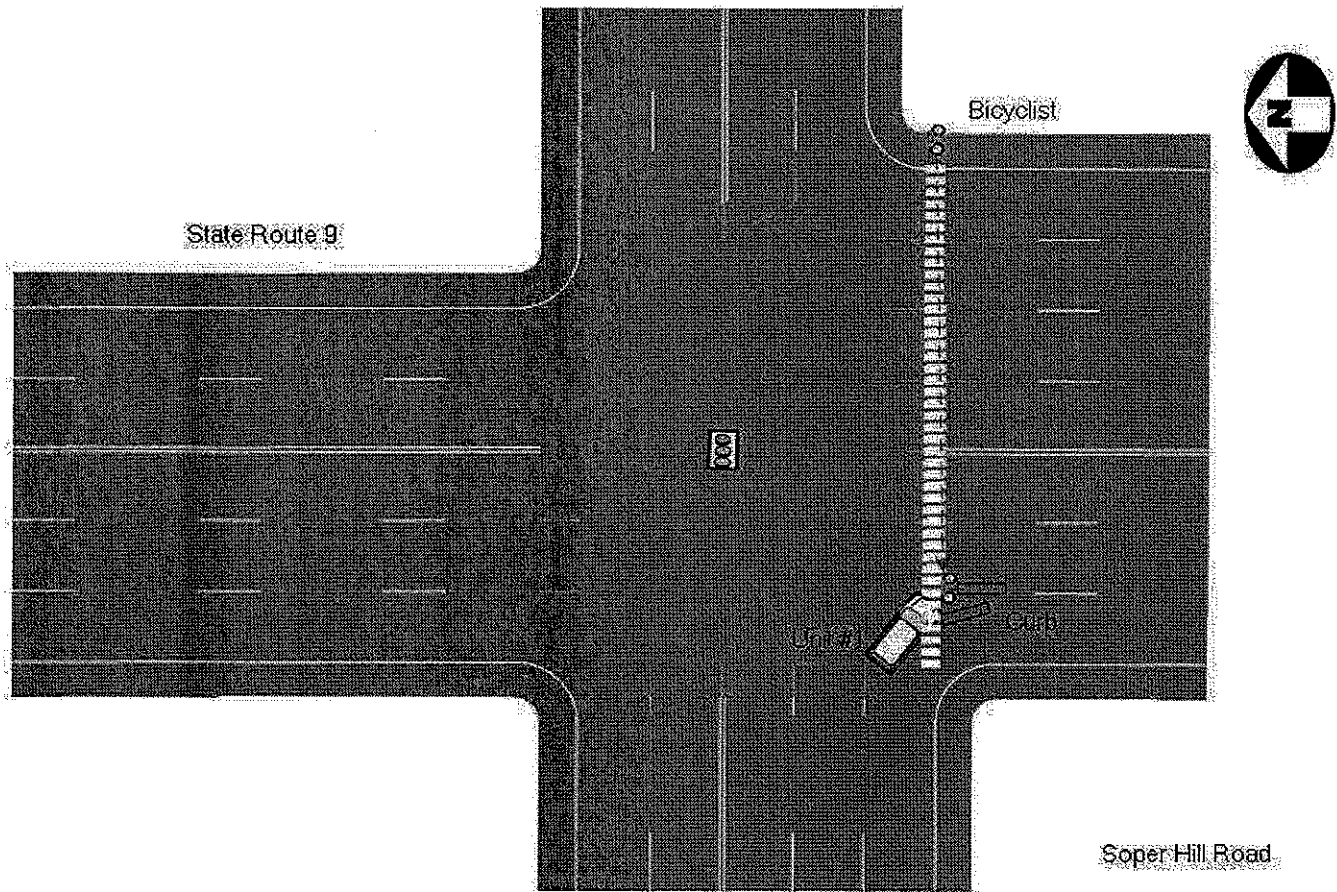
**9/28/2013 10:35:30 AM**

BADGE OR ID # **079**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:27 PM**

TIME POLICE ARRIVED **4:27 PM**



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02420

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) <i>Kaub Braunnwyn Nichole</i>	RACE	ETH	SEX	DOB <i>04-26-78</i>	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS		CITY <i>Lake Stevens</i>		STATE		ZIP		RES. STATUS		
HOME PHONE <i>425-377-0300</i>		CELL PHONE <i>760-508-9018</i>		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Braunnwyn, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was at the stoplight Sopert Hill Road stopped on red to make a left turn. The girl bicyclist was crossing the street ~~and~~ on a bike and was almost to the 1st curb when she was hit by vehicle making a right turn. ~~There's~~ The signals are on sense & timed. She was hit hard & flipped off of her bike. This is a signal that does not allow vehicles to turn right on a red light.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>[Signature]</i>	DATE SIGNED <i>09-27-13</i>	LOCATION SIGNED
OFFICER NUMBER: <i>[Signature]</i>	DATE SIGNED <i>9-27-13</i>	LOCATION SIGNED <i>LAKE STEVENS</i>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02420

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Barker James R	RACE W	ETH	SEX M	DOB 8-23-51	AGE 63	HGT 5'11"	WGT 220	HAIR Bk	EYES Blar
STREET ADDRESS 2424 Plateau Dr		CITY E. Wenatchee		STATE WA		ZIP 98802		RES. STATUS		
HOME PHONE 509 884 6425		CELL PHONE 509 620 9946		PLACE OF EMPLOYMENT Douglas County						
WORK PHONE 509 884 7173		EMAIL ADDRESS Same								

I, James R Barker, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was following SUV that turned Right onto Hwy 9 after light turned green girl on Bike about 3/4 way across road when she was hit on <sup>RT</sup> left side of SUV. Cross walk light was flashing Red hand not To Cross.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>James R Barker</u>	DATE SIGNED 9-27-13	LOCATION SIGNED
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 9-27-13	LOCATION SIGNED LAKE STEVENS

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PAGE 1 OF 1

Incident History for: #SS13021574 Xref: #AR13000257

Case Numbers: \$SS13002420

Entered 09/27/13 16:26:35 BY SPDF26 SP0323

Dispatched 09/27/13 16:27:14 BY SPDP17 SP0168

Enroute 09/27/13 16:27:14

Onscene 09/27/13 16:27:14

Closed 09/27/13 17:30:12

Initial Type: ACCP Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: T

Loc: SOPER HILL RD/SR 9 NE ,LKS (V)

Loc Info:

Name: CH 68

Addr:

Phone:

/1626 (SP0323) COPY ,VEH VS PED, FIRE ONSC

/1626 \$CROSS #AR13000257

/1627 (SP0168) DISPOS SS1912 #SS79 SUMMERS,SGT (ROBERT)

/1627 (SP0323) SUPP NAM: CH 68

/1630 (SP0168) ASNCAS SS1912 \$SS13002420

/1659 (SP0200) NEWLOC SS1912 [PD/PAPER]

/1702 (SS79 ) REMINQ SS1912 MDTVEH,STVNIX,,WA,,,,,,,,,

/1705 \*MISC SS1912 ,BAEKESE411LA

/1705 REMINQ SS1912 MDTWANT,,,,,,,,WA,BARKESE411LA,,,,,,,,,

/1730 (SP0260) CLEAR SS1912 D/H

/1730 CLOSE SS1912

LSPD  
ORIGINAL